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S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER **The De Smet News**		2. DATE **9/25/19**
3. FREQUENCY OF ISSUE **Weekly**	3A. NO. OF ISSUES PUBLISHED ANNUALLY **52**	3B. ANNUAL SUBSCRIPTION PRICE $ **$45 and $55**
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) **220 Calumet Ave., De Smet, SD 57231-0069**		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) **220 Calumet Ave., De Smet, SD 57231-0069**		
6. FULL NAME OF PUBLISHER: **Dale Biegen**		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME **Biegen Publishing Inc.** COMPLETE MAILING ADDRESS **P.O. Box 69, De Smet, SD 57231**		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. **None**		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A.TOTAL NO. COPIES (Net Press Run)	**1300**	**1300**
B.PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.	**196**	**200**
2. Mail Subscription (Paid and or requested)	**696**	**683**
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	**892**	**883**
D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	**30**	**30**
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		
E.TOTAL DISTRIBUTION (Sum of C, D1 and D2)	**922**	**903**
F.COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	**378**	**397**
2. Return from News Agents		
G.TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	**1300**	**1300**

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

(Signature)

Business Manager
(Title)

State of South Dakota)
§
County of Kingsbury)

(Seal)

Sworn to before me this 24th day of September, 2019

Margaret A. Wilde
Notary Public

My commission expires: May 30, 2024

Form: SOS REC 051 8/2014